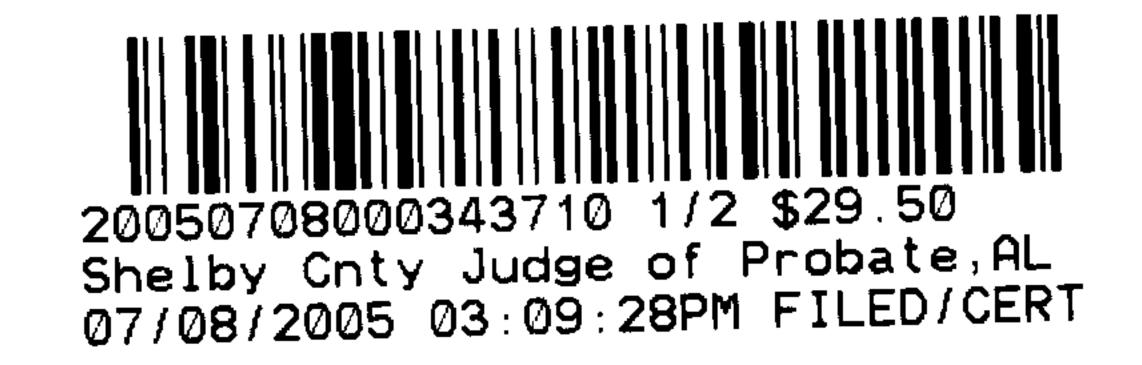
5/28:050 28:050



UCC FINANCING STATEMENT

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

A Hand S. 20 th St.

Bham, At 35295

1a. ORGANIZATION'S NA		Insert only <u>one</u> debtor name (1a d	or 1b) - do not abbreviate or combine names			
	·· · · · —					
R 1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME		
5wee	neu		Hace/i		6.	
MAILING ADDRESS 708 BAI	Ces Bro	ok Cincle	CITY B/am	STATE	POSTAL CODE	COUNTRY 45
TAX ID # SSN OR FIN	AOD'L INFO RE 16 ORGANIZATION DEBTOR	e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if any	
ADDITIONAL DEBTOR 2a. ORGANIZATION'S NA		EGAL NAME - insert only <u>one</u> de	ebtor name (2a or 2b) - do not abbreviate or co	mbine names		
PR 2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME		
MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTR
TAX ID #: SSN OR EIN	ADD'L INFO RE 20 ORGANIZATION DEBTOR	e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if any	
SECURED PARTY'S 3a. ORGANIZATION'S NA		OTAL ASSIGNEE of ASSIGNOR	S/P) - insert only <u>one</u> secured party name (3a	or 3b)		
3b. INDIVIDUAL'S LAST	VAME		FIRST NAME	MIDDLE	NAME	SUFFIX
MAILING ADDRESS	345 J		CITY B'ham	STATE	POSTAL CODE 35244	COUNTR'

5,4	ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNE	E/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6.\	This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum	[for record] (or recorded) in the REAL [if applicable]	7. Check to REC	UEST SEARCH REPO	ORT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2
8.70	OPTIONAL FILER REFERENCE DATA							

JCC FINANCING STATEMENT ADDENDUN				
OLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING ST	TATEMENT			
9a. ORGANIZATION'S NAME				
OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME,SUFFIX			
Sweener Araceli				
0. MISCELLANEOUS:				
1. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only on	o nama (11a ar 11b) - da nat abbravi		S FOR FILING OFFICE	USEONLY
11a. ORGANIZATION'S NAME	<u>ie name (11a or 11b) - do not abbrevi</u>	ate or combine names		
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
DWeeney	Hace1	CTATE	POSTAL CODE	COUNTRY
708 Bailen Brow Circles	CITY ///	STATE D	7-34	1150
ADD'L INFO RE 11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGAN	IZATION 11g. ORG	ANIZATIONAL ID #, if any	
ORGANIZATION DEBTOR				NOI
2. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/F	P'S NAME - insert only <u>one</u> name ((12a or 12b)		
12a. ORGANIZATION'S NAME				
R 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
2c. MAILING ADDRESS	CITY /	STATE	POSTAL CODE	COUNTRY
1001 Mue 14	D/am		050	USF
3. This FINANCING STATEMENT covers timber to be cut or as-extracted as a fixture filing.	ed 16. Additional collateral descrip	otion:		
1. Description of real estate:				
Map BK G				
IMP				
pg 108 Lot 50				
V				
of River chare west				
Dividing Ridse				
5. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):				
	17. Check only if applicable an	d check <u>only</u> one box.		· · · · · · · · · · · · · · · · · · ·
	Debtor is a Trust or T	rustee acting with respect to pr	operty held in trust or	Decedent's Esta
	18. Check <u>only</u> if applicable an			
	Debtor is a TRANSMITTING	SUTILITY Manufactured-Home Transaction	offective 20 veers	
		Public-Finance Transaction — ef		
			,	